



# San Bernardino County Employee Poll Worker Application



Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

Home Address: \_\_\_\_\_ (Please Print)

\_\_\_\_\_ (street)

Home Phone: \_\_\_\_\_ (City, State, Zip Code) Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Department Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ (Please Print)

Work Email: \_\_\_\_\_

Election Day: **November 7, 2006**

Position preference: (circle one) Clerk or Inspector

In addition to English, are you bilingual in Spanish? (circle one) Yes / No

By signing below, I acknowledge the following:

- I will serve my community in a professional and courteous manner.
- I will be paid for my regular work day at my base rate of pay. Instead of overtime, I will receive a stipend from the Registrar of Voters office.
- I will attend a two-hour training session on my own time, for which I will receive a \$15.00 stipend per session.
- I will arrive at the polling place that I am assigned to work at 6:00 a.m. and will stay to assist with the completion of the closing duties (approximately 9:30 p.m.).
- I must attend training and work all day on Election Day to receive the training stipend.
- I will provide my own transportation to and from the polling place.
- I am able to lift 30 lbs. (Note: Lifting is to be done by two people.)

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Employee Name (please print)	Employee Signature	Date
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By signing below, I approve this employee's application to serve as a County poll worker on November 7, 2006.

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Department Head Name (please print)	Department Head Signature	Date
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Department Contact (immediate supervisor/phone number)\_\_\_\_\_